



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, ASB TOWER 970  
 P.O. BOX 816, HONOLULU, HAWAII 96809  
 TEL: 587-0460 FAX: 587-0470  
 email: ethics@hawaiiethics.org

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# LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

## PART I LOBBYIST

NAME (Last) <b>THOMAS</b>	(First) <b>CYNTHIA</b>	(Middle) <b>ANNE</b>	TELEPHONE <b>(808) 527-8076</b>
MAILING ADDRESS (Street) <b>1609 B IWI WAY</b>			FAX <b>(808) 527-8088</b>
(City) <b>HONOLULU</b>	(State) <b>HI</b>	(Zip Code) <b>96814</b>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) <b>LEGAL AID SOCIETY OF HAWAII</b>			TELEPHONE <b>(808) 536-4302</b>
MAILING ADDRESS (Street) <b>924 BETHEL STREET</b>			FAX <b>(808) 527-8088</b>
(City) <b>HONOLULU</b>	(State) <b>HI</b>	(Zip Code) <b>96813</b>	

## PART II ORGANIZATION

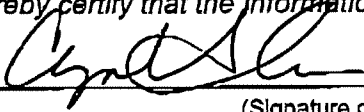
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <b>LEGAL AID SOCIETY OF HAWAII</b>	TELEPHONE <b>(808) 536-4302</b>
MAILING ADDRESS (Street) <b>924 BETHEL STREET</b>	FAX <b>(808) 527-8088</b>
(City) <b>HONOLULU</b>	(State) <b>HI</b>
(Zip Code) <b>96813</b>	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <b>WAYNE KEARWE</b>	TELEPHONE <b>(808) 536-4302</b>
MAILING ADDRESS (Street) <b>924 BETHEL STREET</b>	FAX <b>(808) 536-8088</b>
(City) <b>HONOLULU</b>	(State) <b>HI</b>
(Zip Code) <b>96813</b>	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (Indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input checked="" type="checkbox"/> Housing             | <input type="checkbox"/> Public Safety & Corrections                        |   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

3/12/2007

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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NALANI FUJIMORI

NAME OF ORGANIZATION (if applicable)

LEGAL AID SOCIETY OF HAWAII

TELEPHONE

(808) 536-4302

MAILING ADDRESS (Street)

924 BETHEL STREET

FAX

(808) 527-8088

(City)

HONOLULU

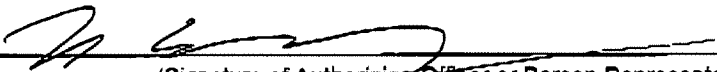
(State)

HI

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

3-13-07

(Date)